



#7

1/41

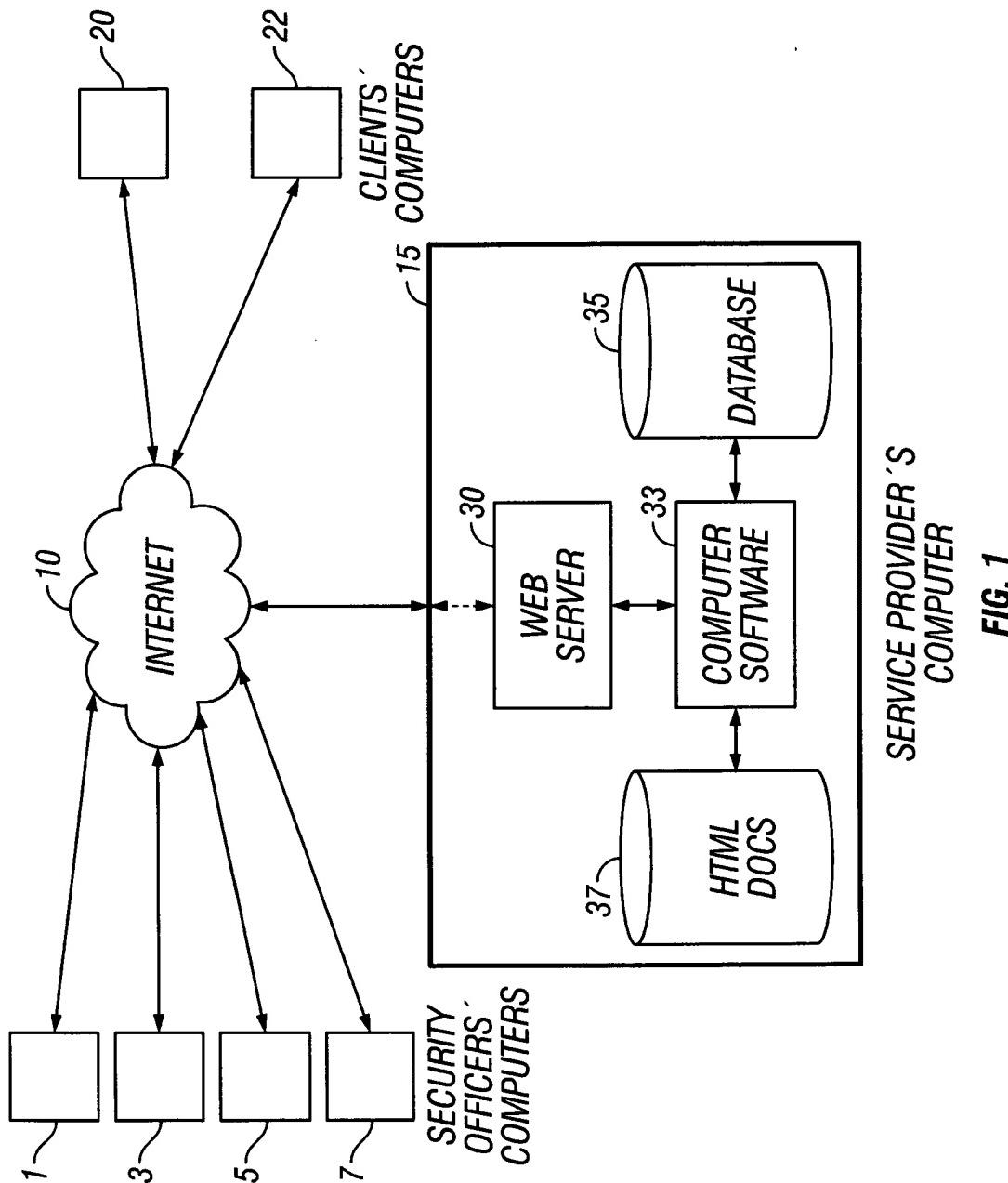


FIG. 1



2 0 0 3 2 0 0 3 2 0 0 3

2/41

Terrace Security Corporation
Online Applications Management Console

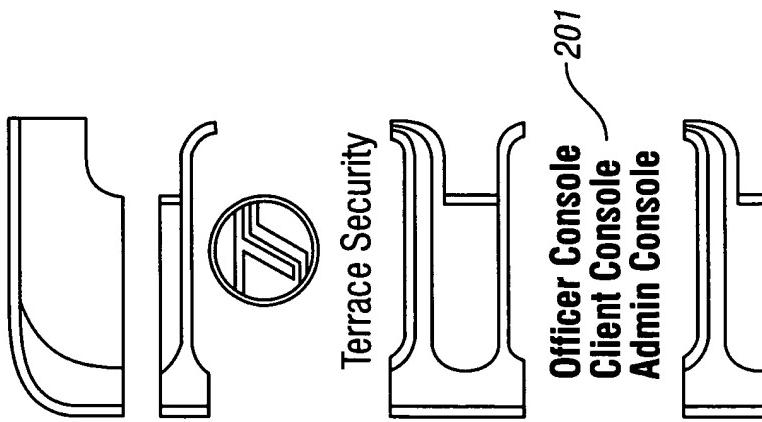


FIG. 2



301 302 303 304 305 306 307 308 309 310 311 312 313 314 315

3/41

Terrace Security Corporation Officer Console

Please enter your badge number and password to continue:

Badge Number	<input type="text"/> 305
Password	<input type="text"/> 310
	<input type="button" value="Continue"/> 315

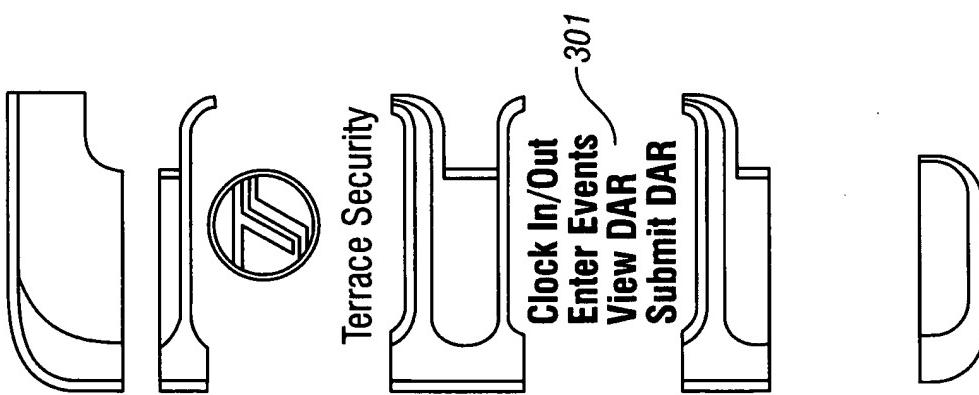


FIG. 3



4 40 40 42 45 47 49 47 49 40 40 42 40 42

4/41

Terrace Security Corporation

Officer Console

Logged In: Neely, Bernard

Clock In/Out

Property *420* Time In

Terrace @ Willowbrook

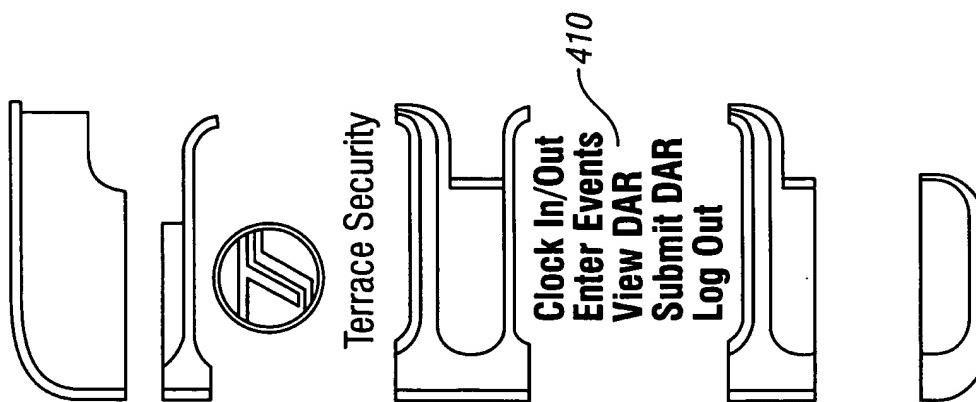
Shift Code *425* Radio Number *430*

Comments

435

440
Clock In

FIG. 4





16 500 325 707 - 01109005

Terrace Security Corporation Officer Console

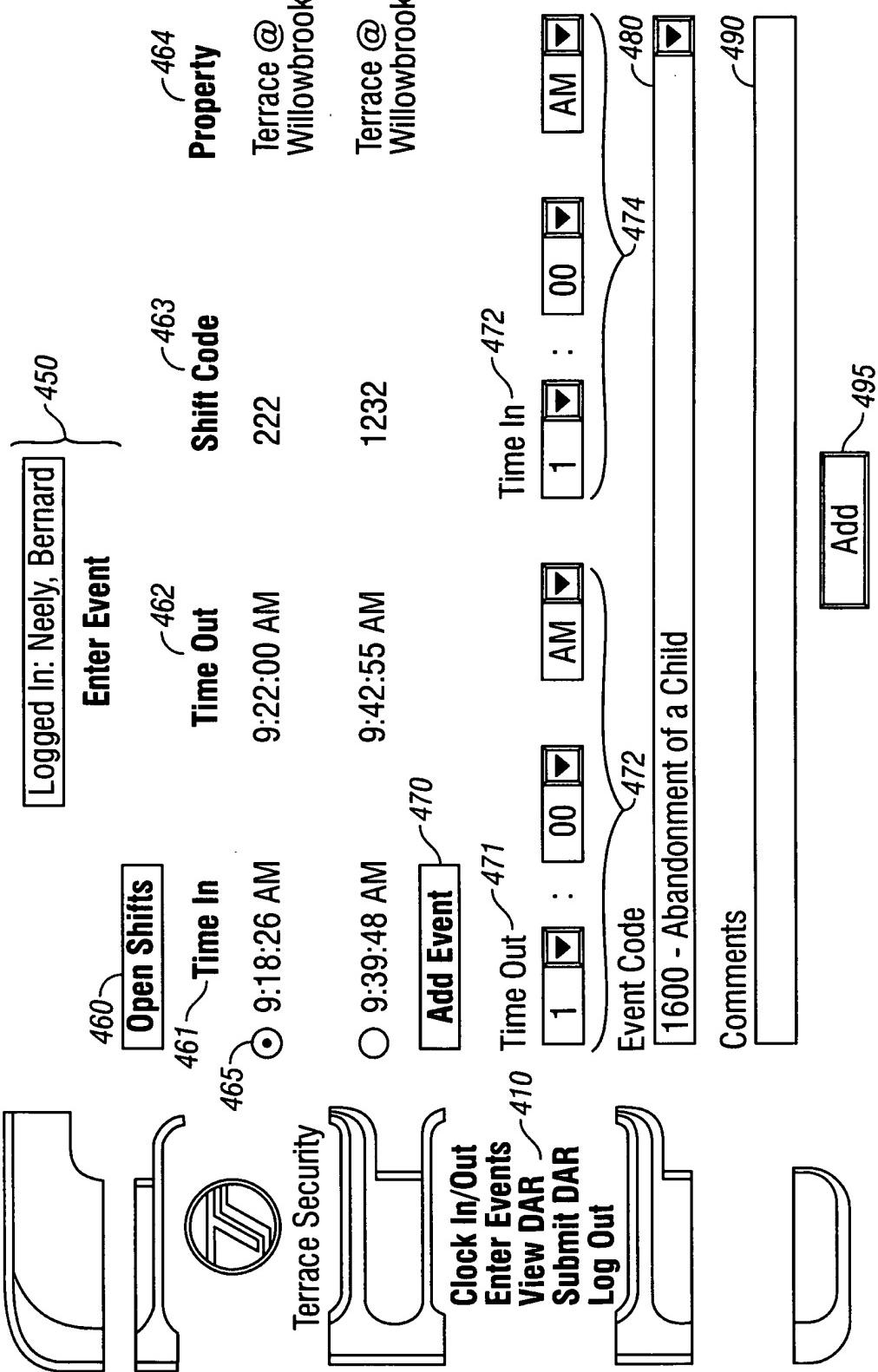


FIG. 4A



6/41

TSEC Manager

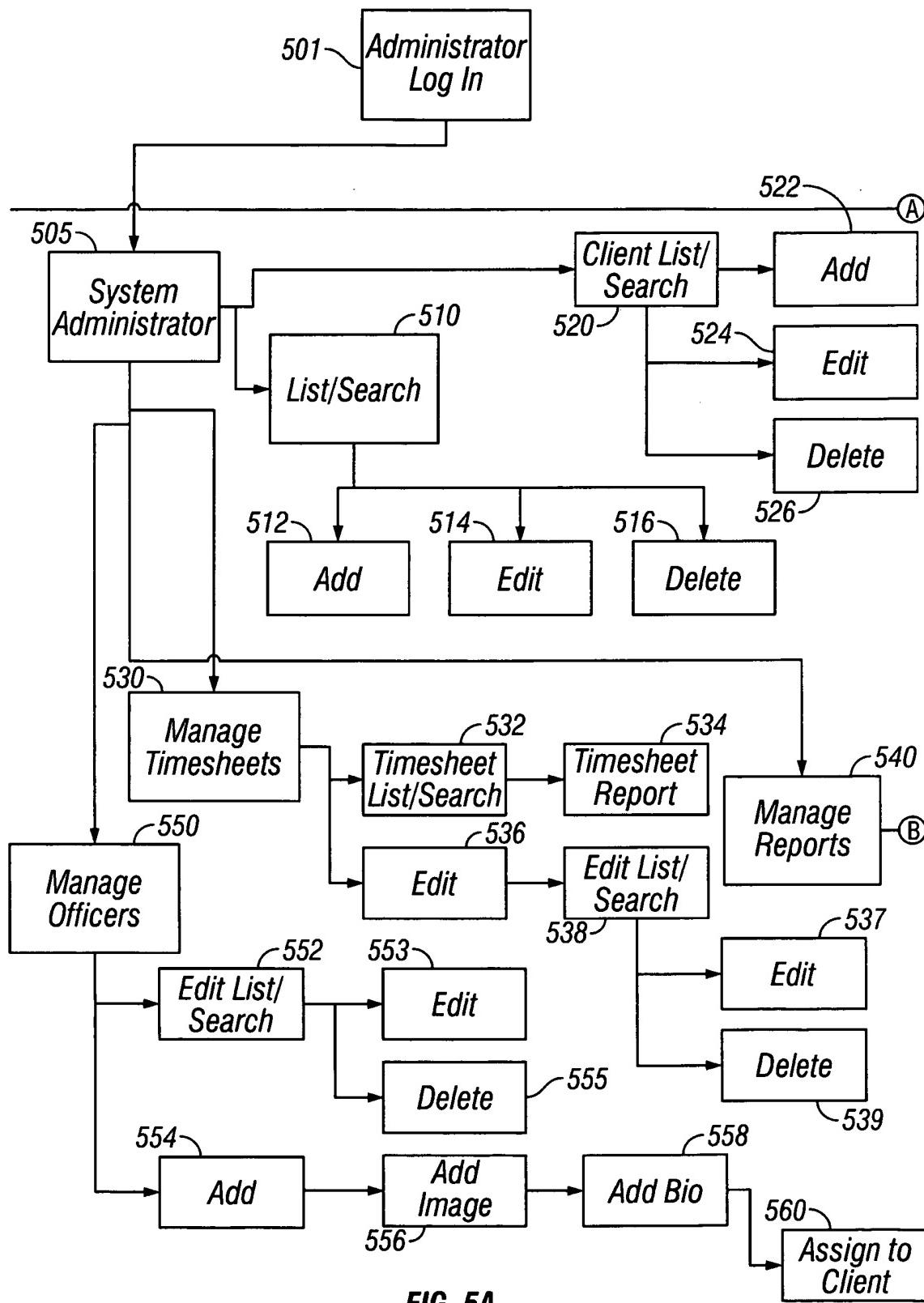


FIG. 5A



7/41

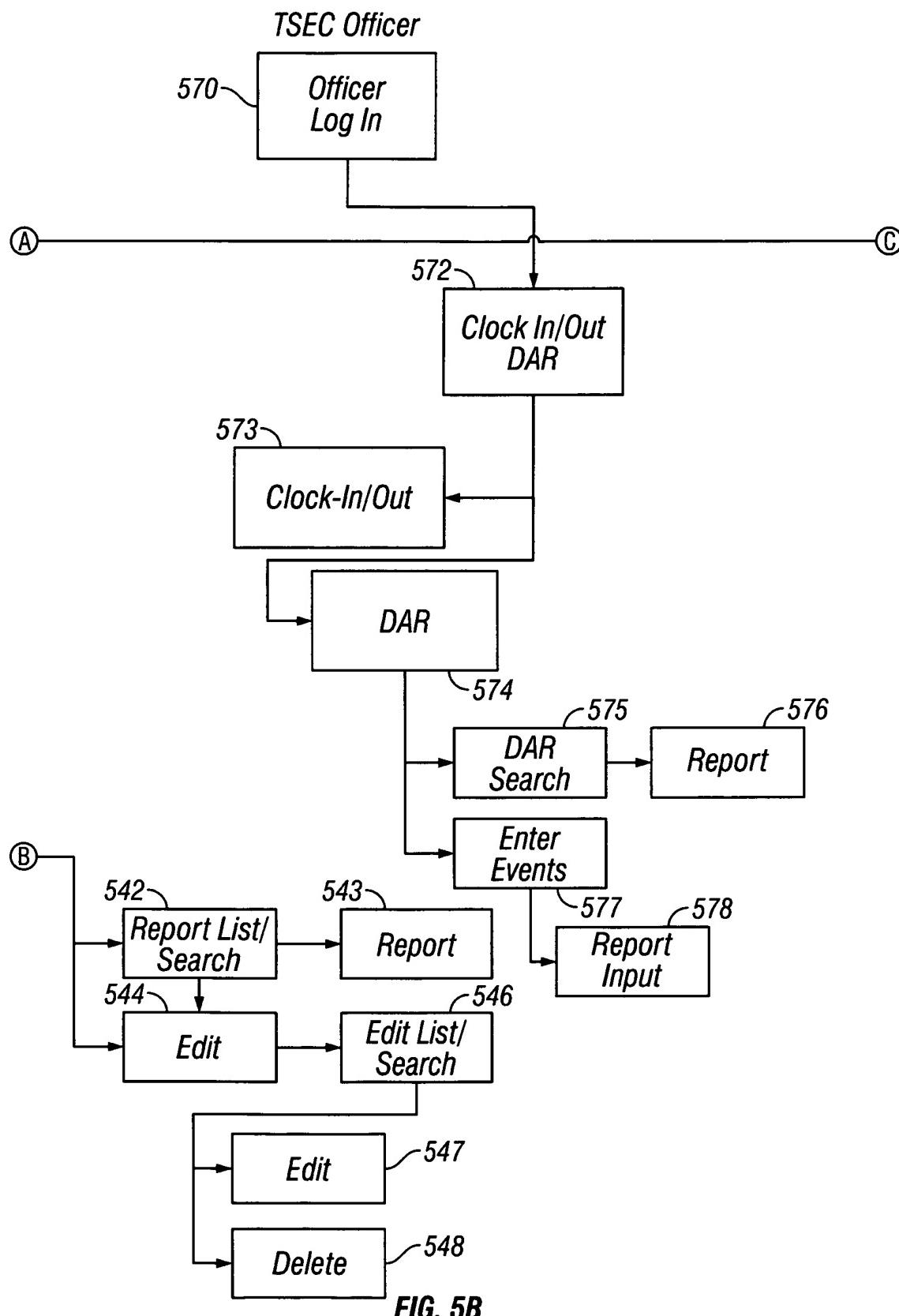


FIG. 5B



8/41

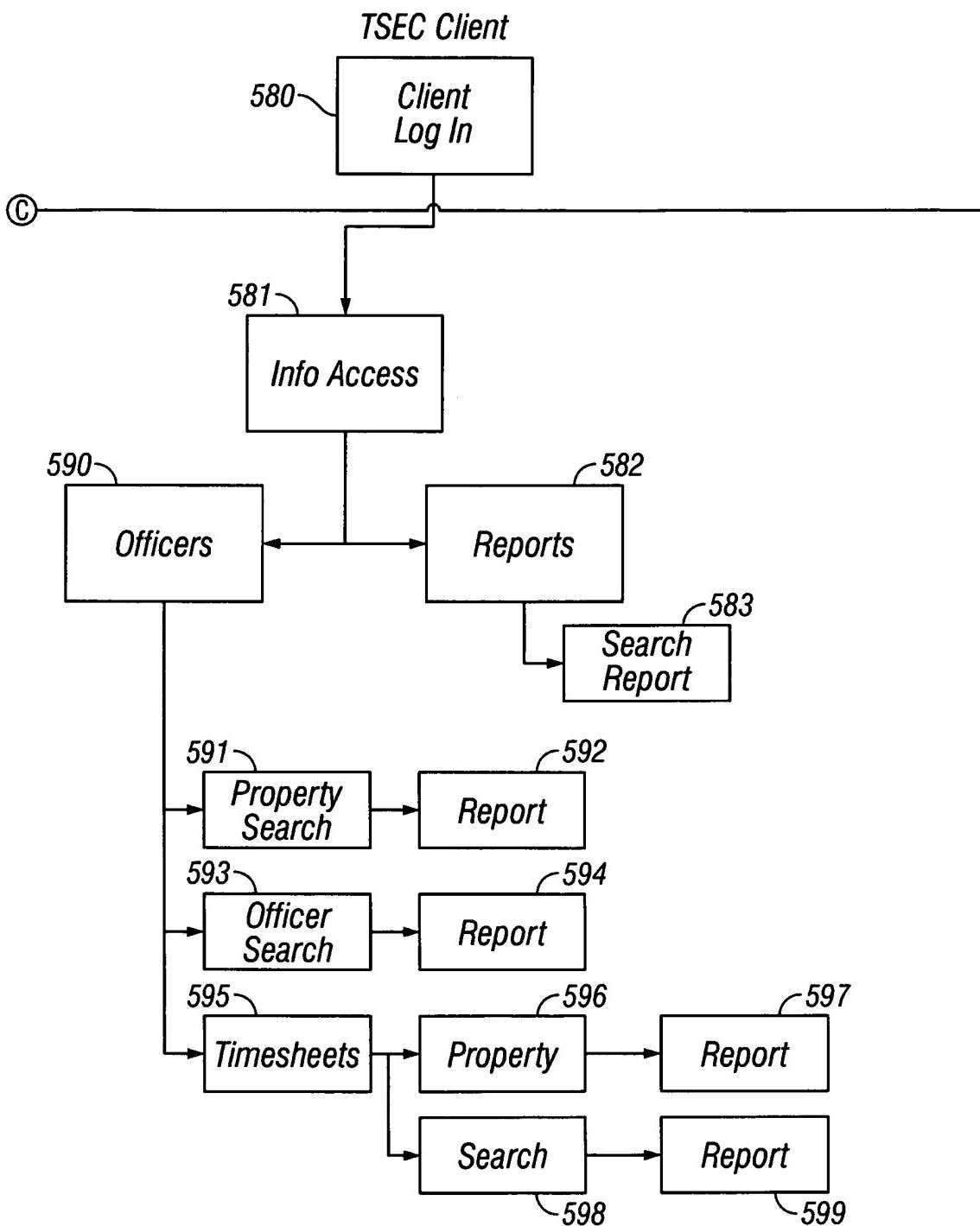
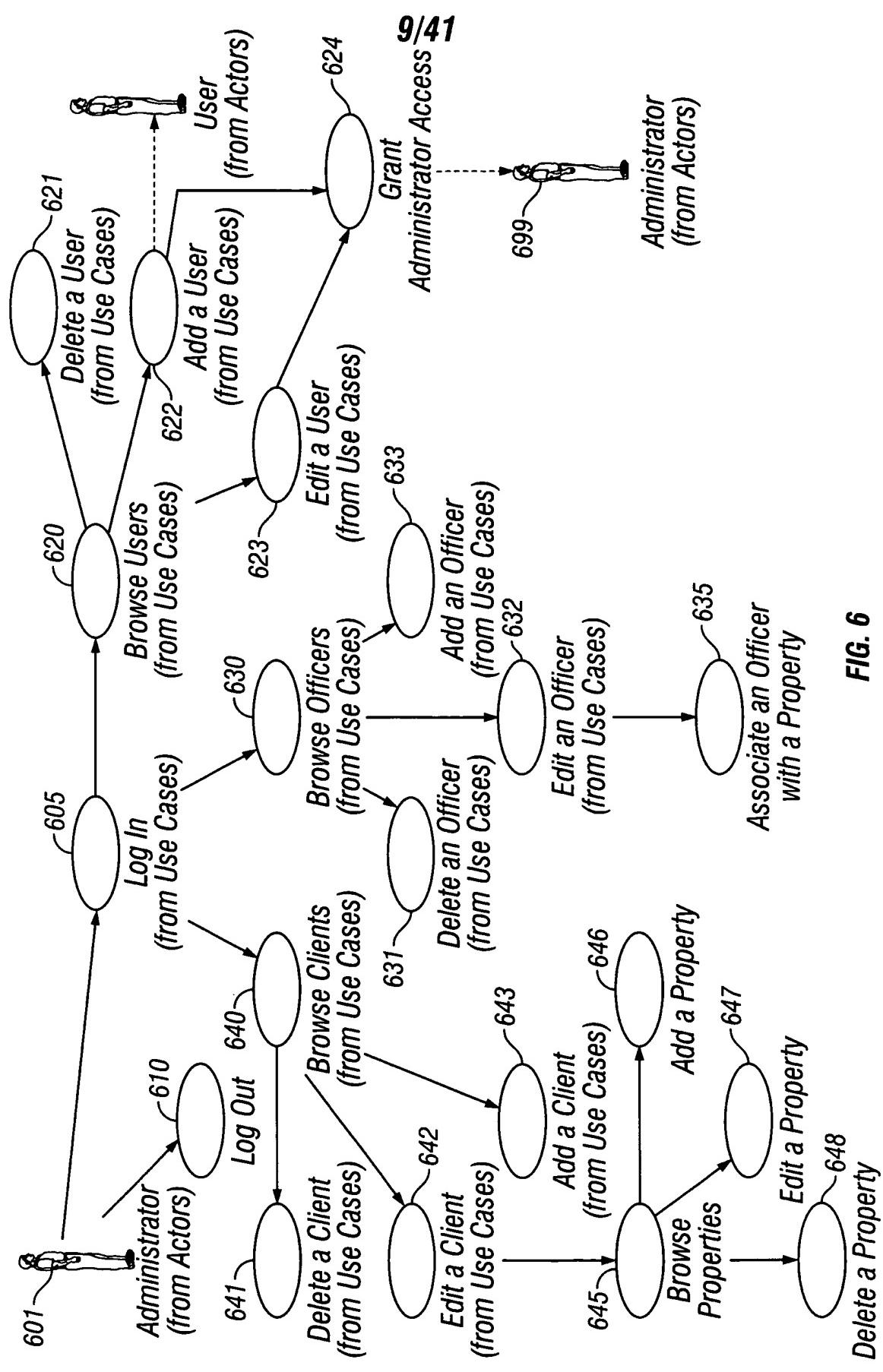


FIG. 5C





10/41

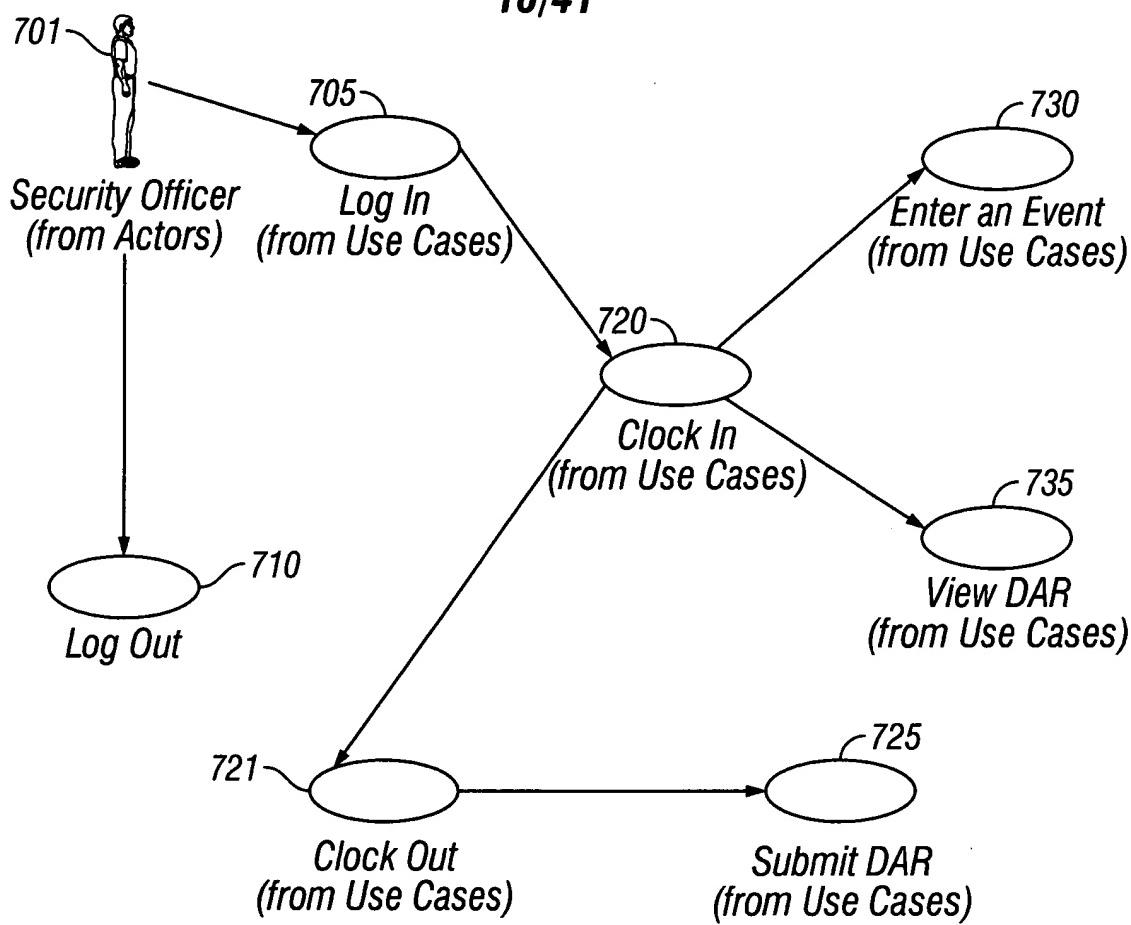


FIG. 7

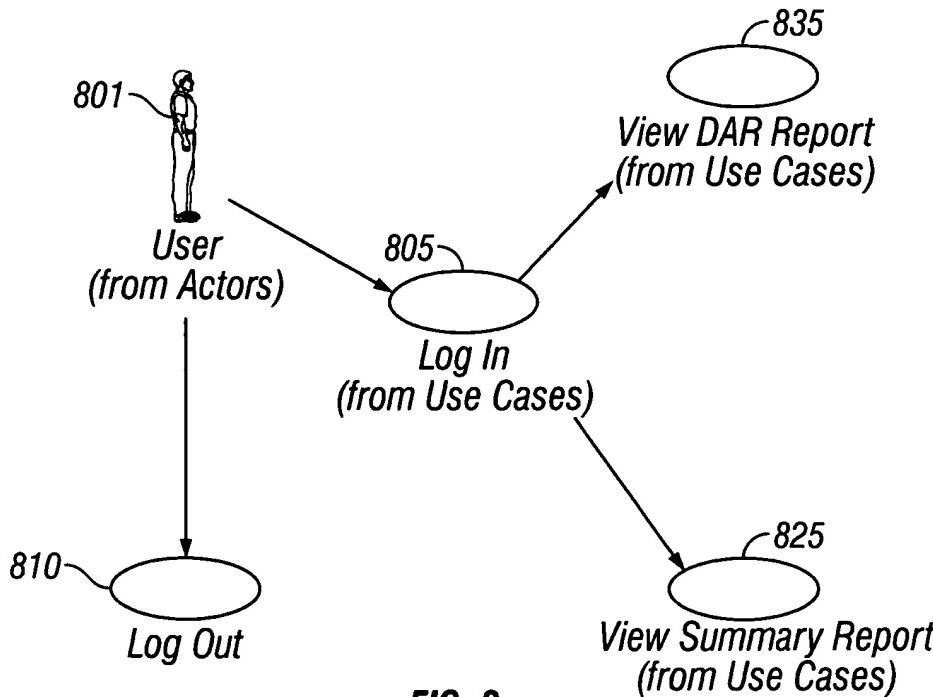


FIG. 8



1000 2000 3000 4000 5000 6000 7000 8000 9000

11/41

Terrace Security Corporation Online Applications Management Console

Please enter your UserID and password to continue:

User ID	<input type="text"/> 901
Password	<input type="text"/> 910
<input type="button" value="Continue"/> 920	

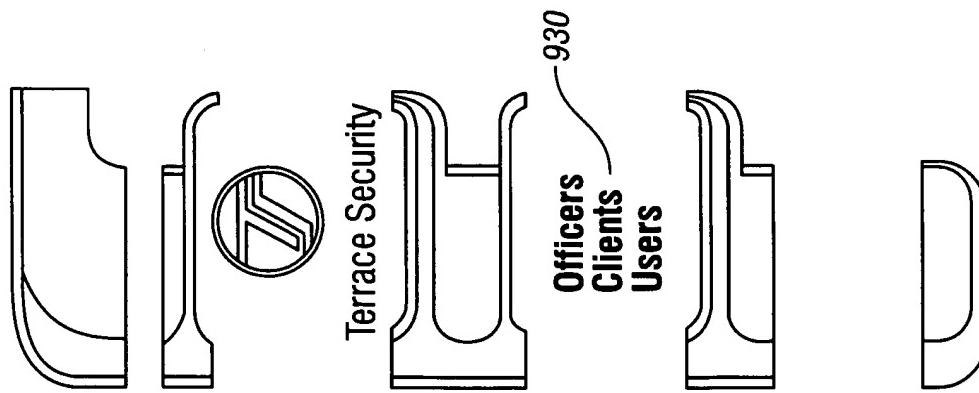


FIG. 9



12/41

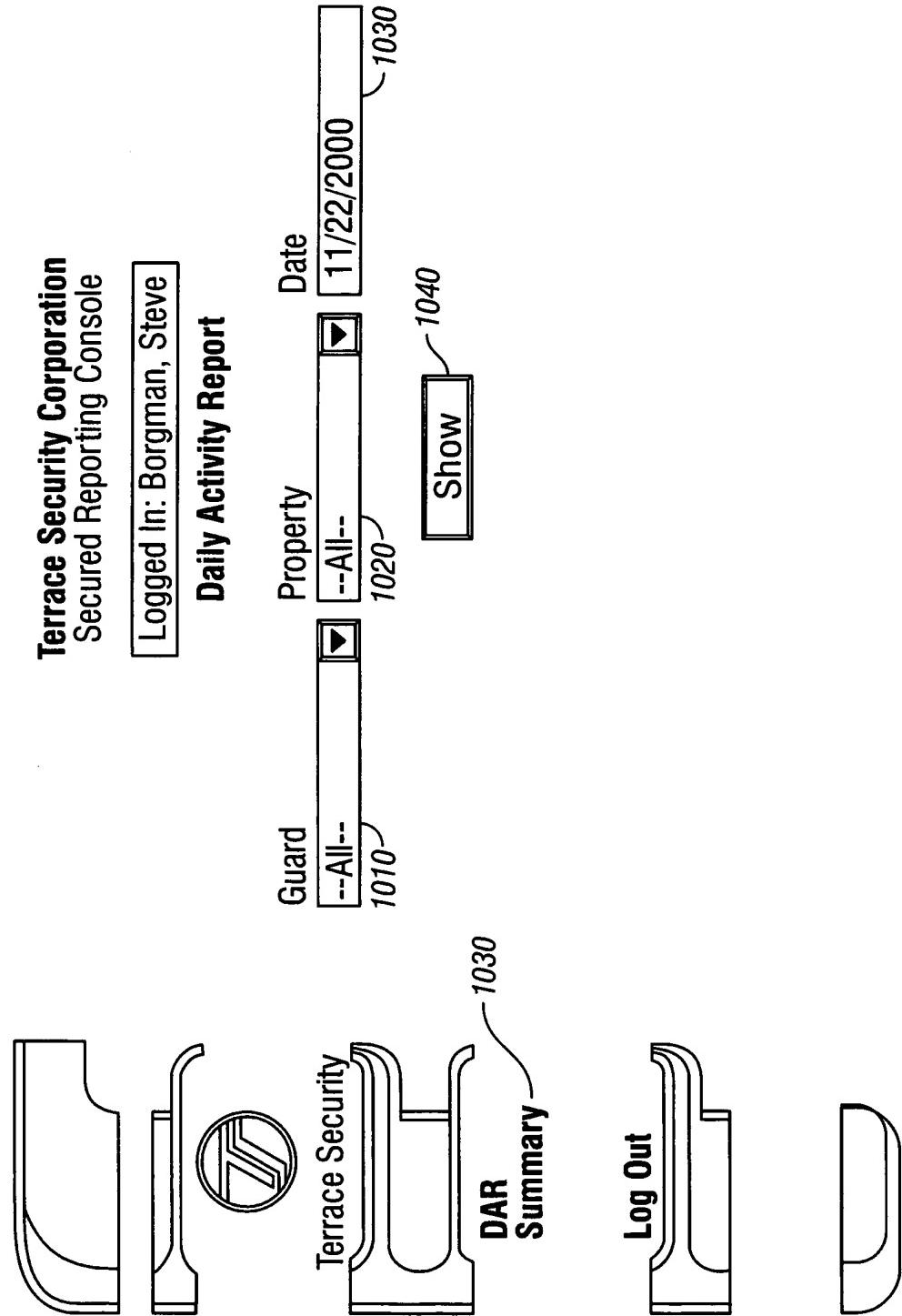


FIG. 10

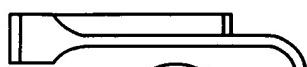


2003 SECURE CONSOLE

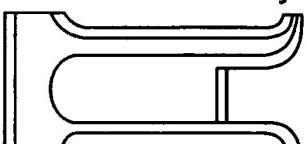
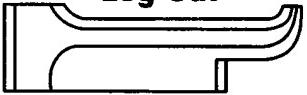
13/41

**Terrace Security Corporation
Secured Reporting Console**

Logged In: Borgman, Steve



Terrace Security

**DAR
Summary****Log Out****Daily Activity Report****Shift 1**

Guard	Post			
Calamari, Manni	Memorial City Mall			
Time In	Time Out			
10/12/2000 12:22:12 PM	10/12/2000 12:22:26 PM			
Shift Code	Radio Number			
dg	dfg			
Comments				
dzfgdzg				
Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	2906	dfgdfg	
1:00:00 AM	1:00:00 AM	2918	sdf	

Shift 2

Guard	Post			
Calamari, Manni	Memorial City Mall			
Time In	Time Out			
10/12/2000 5:03:26 PM	10/12/2000 5:03:32 PM			
Shift Code	Radio Number			
123	123			
Comments				
123				
Time In	Time Out	Code	Comments	IR
2:00:00 AM	1:00:00 AM	2927	123	

Shift 3

Guard	Post			
Calamari, Manni	Memorial City Mall			
Time In	Time Out			
10/12/2000 5:03:51 PM	10/12/2000 5:04:54 PM			
Shift Code	Radio Number			
123	123			
Comments				
12312312312321				
Time In	Time Out	Code	Comments	IR
4:00:00 AM	3:00:00 AM	2907	123123	

FIG. 11A



SEARCHED SERIALIZED FILED

14/41

Shift 4

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 5:05:04 PM	10/12/2000 5:05:08 PM
Shift Code	Radio Number
sfe	sdf

Comments
asdfasd

Time In	Time Out	Code	Comments	IR
---------	----------	------	----------	----

Shift 5

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/16/2000 8:22:58 PM	11/17/2000 11:38:04 AM
Shift Code	Radio Number

Comments

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1607		
1:00:00 AM	1:00:00 AM	1601		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1604		Y
1:00:00 AM	1:00:00 AM	1605		

Shift 6

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/17/2000 11:38:10 AM	11/17/2000 11:40:56 AM
Shift Code	Radio Number

412

Comments

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1615	qwe	
1:00:00 AM	1:00:00 AM	1600		

Shift 7

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
11/17/2000 11:41:05 AM	11/20/2000 8:01:52 AM
Shift Code	Radio Number

SDF

Comments

xsg

Time In	Time Out	Code	Comments	IR
---------	----------	------	----------	----

FIG. 11B



S C S S S S S S S S S S S S S S S S

JAN 09 2003

PATENT & TRADEMARK OFFICE

15/41**Shift 8**

Guard	Post			
Calamari, Manni	Memorial City Mall			
Time In	Time Out			
11/20/2000 8:02:02 AM	11/21/2000 3:12:03 PM			
Shift Code	Radio Number			
tewt	tet			
Comments				
asretae				
Time In	Time Out	Code	Comments	IR
2:03:00 AM	5:00:00 AM	1604	comment	Y

Shift 9

Guard	Post			
Calamari, Manni	Memorial City Mall			
Time In	Time Out			
11/21/2000 3:12:18 PM	11/21/2000 3:17:34 PM			
Shift Code	Radio Number			
wer	werwer			
Comments				
erwer				
Time In	Time Out	Code	Comments	IR
1:00:00 AM	2:00:00 AM	1610	comments	Y
5:00:00 AM	6:00:00 AM	1607	ar	Y
5:00:00 AM	6:00:00 AM	1607	ar	Y

Shift 10

Guard	Post			
Calamari, Manni	Memorial City Mall			
Time In	Time Out			
11/21/2000 3:56:21 PM	11/21/2000 4:07:48 PM			
Shift Code	Radio Number			
we	wet			
Comments				
qr				
Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1607	comment	Y
8:00:00 AM	9:00:00 AM	1604		Y
1:00:00 AM	1:00:00 AM	1605	comment goes here...	Y
1:00:00 AM	1:00:00 AM	1600		Y
1:00:00 AM	1:00:00 AM	1600		Y

Shift 11

Guard	Post			
Calamari, Manni	Memorial City Mall			
Time In	Time Out			
11/21/2000 9:09:58 PM	11/22/2000 9:20:43 AM			
Shift Code	Radio Number			
wr3	wer			
Comments				
wrwaer				
Time In	Time Out	Code	Comments	IR

FIG. 11C



16/41

16/41

Shift 12

Guard
Calamari, Manni
Time In
10/12/2000 5:03:38 PM
Shift Code
123
Comments
123123

Post
property 1
Time Out
10/12/2000 5:03:43 PM
Radio Number
123

Time In	Time Out	Code	Comments	IR
7:00:00 AM	6:00:00 AM	2940	12312321	

Shift 13

Guard
Calamari, Manni
Time In
11/22/2000 9:21:02 AM
Shift Code
1234
Comments
comment goes here

Post
property 1
Time Out
11/22/2000 9:24:03 AM
Radio Number
12345

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1601	comments for the event go here	Y

FIG. 11D



Terrace Security Corporation

Online Applications Management Console

Logged In: Borgman, Steve

Officer Admin

Last Name	First Name	Badge #	Bio
<input checked="" type="radio"/> Calamari	Manni	111	Cobol Teacher
<input type="radio"/> Melancon	Robb	555	
<input type="radio"/> Officer	New	999	
<input type="radio"/> Samson	Freddie	333	editreee
<input type="radio"/> Wagoner	Ian	19	Me
<input type="radio"/> Whipple	Steve	222	

Edit Selected Officer >>

Delete Selected Officer

~OR~

Add New Officer

FIG. 12



18/41

Terrace Security Corporation
Online Applications Management Console

Logged In: Borgman, Steve

Client Admin

Client Name

Contact Name Email Phone

MetroNational Properties: property 1, new property-edited, new property 2, new property 3-edited
General Growth Partners Properties: Memorial City Mall, Deerbrook Mall, Property 3
Jeff Jarvis First Name 718-207-4400 x7184 jjarvis@first
Properties: property 1, new property-edited, new property 2, new property 3-edited

- 1320
- 1330

Delete Selected Client

Edit Selected Client >>

-1310
-OR-

Add New Client

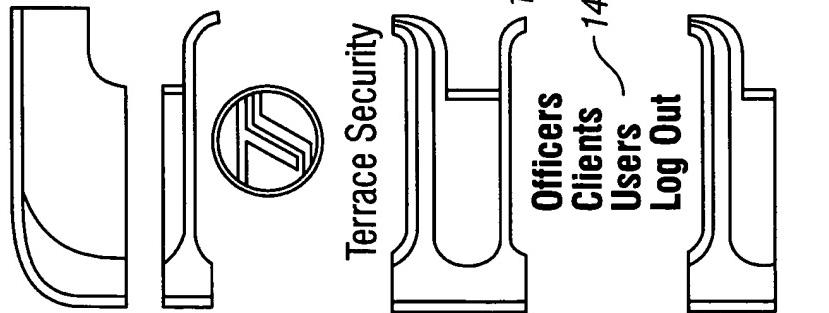
EIG 13



Terrace Security Corporation

Online Applications Management Console

Logged In: Borgman, Steve



User Admin	Last Name	First Name	User ID	Admin
	(<input checked="" type="radio"/> Borgman	Steve	steve	Yes
	(<input type="radio"/> Hays	Wayne	wayne	Yes
	(<input type="radio"/> Madison	Carmen	carm	Yes
1410	(<input type="radio"/> Marcis	Doug	doug	Yes
	(<input type="radio"/> Michaels	Bob	bob	Yes
	(<input type="radio"/> Vanderbilt	Arthur	arthur	Yes
	(<input type="radio"/> Waggoner	Ian	ian	Yes
			1420	1430

Delete Selected User

Edit Selected User >>

~OR~

Add New User

FIG. 14



Terrace Security Corporation
Officer Console

Logged In: Neely, Bernard

Incident Report

TSC Case #
8

HPD Case #
[]

Incident Code/Type
1605 - Aggravated Robbery
Location []

Date/Time Reported

12 [] / 30 [] / 2000 [] 12 [] : 00 [] AM [] PM

Date/Time Occurred

12 [] / 30 [] / 2000 [] 12 [] : 00 [] AM [] PM

HFD Unit # []
What Hospital []

Paramedic's Name []
Identifying Information #1 []
SU [] C [] O [] W []

Last Name []
First Name [] MI []

FIG. 15A



21/41

Residence Phone [REDACTED]	Business Phone [REDACTED]	DOB 12 [REDACTED] / 30 [REDACTED] / 2000 [REDACTED]		
Address [REDACTED]	SSN [REDACTED]	DL [REDACTED]		
Employer [REDACTED]	Department/Property [REDACTED]			
Suspect is Minor <input type="radio"/> Yes <input checked="" type="radio"/> No	Parent/Guardian Notified <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No	By Whom [REDACTED]	Name of Notified [REDACTED]	Time 12 [REDACTED] : 00 [REDACTED] AM [REDACTED] PM [REDACTED]
Identifying Information #2		Last Name [REDACTED]	First Name [REDACTED]	MI [REDACTED]
<input checked="" type="radio"/> SU <input type="radio"/> C <input type="radio"/> W		Business Phone [REDACTED]	DOB 12 [REDACTED] / 30 [REDACTED] / 2000 [REDACTED]	
Residence Phone [REDACTED]		SSN [REDACTED]	DL [REDACTED]	
Address [REDACTED]				

FIG. 15B



22/41

Employer	Department/Property			
[Redacted]				
Suspect is Minor	Parent/Guardian Notified	By Whom	Name of Notified	Time
<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/>	[Redacted]	[Redacted] 12 [Redacted] : [Redacted] 00 [Redacted]
<hr/>		<hr/>		
Identifying Information #3		Last Name	First Name	Middle Initial
<input type="radio"/>		[Redacted]	[Redacted]	[Redacted]
<input type="radio"/> SU		[Redacted]	DOB	[Redacted] 12 [Redacted] / [Redacted] 30 [Redacted] / [Redacted] 2000 [Redacted]
<input type="radio"/> C		[Redacted]	SSN	[Redacted]
<input type="radio"/> W		[Redacted]	DL	[Redacted]
Residence Phone		[Redacted]	Department/Property	[Redacted]
[Redacted]		[Redacted]	Employer	[Redacted]
Address		[Redacted]		

FIG. 15C



Suspect
is Minor Parent/Guardian
Notified
 Yes No Yes No

C W

SU C

Towed Year

Yes No

Vehicle Info #1

C O

SU C

W C

Towed Year

Yes No

Make

Model

Color

License Plate #

VIN

Vehicle Info #2

C O

SU C

W C

Towed Year

Yes No

Make

Model

Color

License Plate #

VIN

Vehicle Info #3

C O

SU C

W C

Towed Year

Yes No

Make

Model

Color

License Plate #

VIN

23/41

AM PM

00 12 ▶

: :

00 00 ▶

AM PM

C S

Yes No

Towed Year

Yes No

FIG. 15D



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

24/41

NARRATIVE

Write a summary of the incident, answering the questions Who, What, When, Where & Why.

FOLLOW-UP

Date

12 / 30 / 2000 12 : 00 12 : 00 AM PM

Time

By Whom

submit

FIG. 15E





Terrace Security Corporation
Officer Console

Incident Investigation Report

TSC Case #

I. General Information

Date of Incident: / / 2000 Time of Incident: 01 : 01 am pm

Day of Week: Monday

Terrace Security Date Reported to You: 01 / 2000 Time Reported to You: 01 : 01 am pm

By Whom:

Property Name & Location:

Specific Location of Incident:

(describe all identifying factors of exact place of incident:
measurements, directions, etc.)

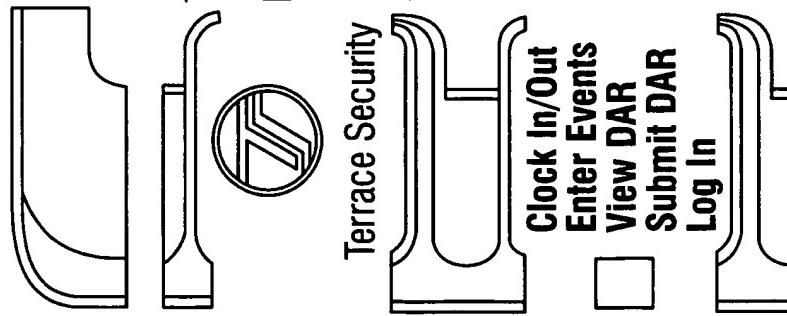


FIG. 16A



26/41

II. THE COMPLAINTANT - Check one: Tenant Visitor Contractor Employee:
Complete Sections I, II, VII & IX

Last Name: First Name: Male Female
Address:
SSN:

City: State: Zip: Phone #: ()
Physical Disabilities:

Age: Height: ' Weight:

Pregnant? Yes No If yes, how many months 1

Does Complainant wear glasses? Yes No If yes, what kind
Place of Employment:
Address:

City: State: Zip: Phone #: ()

FIG. 16B



JAN 09 2003

9 000 000 702 - 0 000 000

28/41

IV. CONDITION OF THE COMPLAINANT (For SLIP/FALL INCIDENT Only)

A. BEFORE the Incident

Carrying anything? Yes No If yes what was being carried?

THE JOURNAL OF CLIMATE

AFTER the Incident

B. ENTIRE INJURIES

Describe any visible injury or damage to clothing

Complainant's description of any injury and where on their body it's located

Complainant's description of any injury and where on their body it's located

FIG. 16D



SEARCHED SERIALIZED INDEXED FILED

29/41

Describe Complainant's reaction to the incident

A diagram of a shoe with arrows pointing to different parts. The toe area has a downward-pointing arrow. The side panel has two upward-pointing arrows. The heel area has a downward-pointing arrow. The top of the shoe has two upward-pointing arrows. The bottom of the shoe has two downward-pointing arrows.

Describe shoes worn by Complainant

A diagram of a shoe with arrows pointing to different parts. The toe area has a downward-pointing arrow. The side panel has two upward-pointing arrows. The heel area has a downward-pointing arrow. The top of the shoe has two upward-pointing arrows. The bottom of the shoe has two downward-pointing arrows.

Sole materials: Leather Rubber Vinyl Wood Other-describe

Describe heels (height, material, condition):

Overall condition of shoes: Good Average Poor

V. INCIDENT INVOLVING MINORS

Was the minor accompanied by anyone at the time of the Incident? Yes No If yes, who?

Relationship to Minor

FIG. 16E



SEARCHED SERIALIZED FILED INDEXED

30/41

If unaccompanied, was someone responsible for the minor? Yes No If yes, who?

Relationship to Minor
Where was this person at the time of the incident?

VI. INCIDENT DESCRIPTION

Complainant's detailed description of how the incident occurred (what does the Complainant feel caused the incident?). If the Complainant is unable to tell you what happened, reconstruct as much as you can from physical evidence or witnesses-do not assume any facts about the incident.

A. Description of the Incident Site

1. Type of Walkway:

Floor Stairway Ramp Street Escalator Parking Lot Other-describe

2. Surface material:

FIG. 16F



11 69 69 69 69 69 69 69 69 69 69 69 69 69 69 69

31/41

- Carpet Vinyl tile Ceramic tile Terrazzo Marble Quarry Tile Rug
 Grass Concrete Asphalt Gravel Metal Dirt Other-describe

3. Foreign substance present? (Soda, water, ice, snow, etc.) Yes No

What does substance appear to be?

Describe substance: Color

Odor

Amount

Spill pattern

Describe: Texture

FIG. 16G



14 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00

32/41

(oily, gritty, bubbly, etc.) Consistency (melted, crushed, solid, etc.)

4. Skid/streak marks Yes No Substance on shoes or clothing Yes No

How did substance come to be on the floor?

5. Any other object involved? Yes No If yes, describe object/composition

Location of object

Reason for location of object

Anything unusual about object?

(broken, unstable, not in usual place, etc.)

B. Unusual Surface Conditions Present? Yes No If yes, describe nature of condition

FIG. 16H



14 00 00 14 00 00 00 00 00 00 00 00

33/41

Dimensions _____ Debris present? Yes No If yes, describe _____

C. Lighting Conditions

1. Natural Artificial-describe _____

(type of bulb, etc.)

2. Does the complainant feel that lighting was a contributing factor in causing the incident?

Yes No If yes, explain _____

D. Weather Conditions

Describe outdoor weather, even if incident was inside _____

(cloudy, sunny, snowing, raining, etc.)

VII. PHOTOGRAPHS

Were photos taken? Yes No How many? _____

FIG. 16I



JAN 09 2003

לְפָנֵי תְּמִימָה תַּחֲנוֹן כְּבָשׂוֹן כְּבָשׂוֹן

34/41

By whom?	
Date & Time Taken	
Where are photos stored?	

VIII. WITNESSES

Ask the following questions to each person at or near the incident scene. Include all people who might have seen the complainant or the scene shortly before, during or just after the incident.

A. Name _____ Address _____

THE JOURNAL OF CLIMATE

State _____

100

zip

Phone#

What was this person's involvement with the incident?

FIG. 164



0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

35/41

His/her location at the time of the incident?

[Large rectangular box]

Describe in detail exactly what he/she said

[Large rectangular box]

Describe any conversation this Witness had with the Complainant

[Large rectangular box]

B.
Name [Large rectangular box]
[Large rectangular box]

City [Large rectangular box]
State [Large rectangular box]
[Large rectangular box]

FIG. 16K



600 25707 - 01000003

36/41

Zip

Phone#

What was this person's involvement with the incident?

His/her location at the time of the incident?

Describe in detail exactly what he/she said

Describe any conversation this Witness had with the Complainant

FIG. 16L



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

37/41

C. Name Address

City State

Zip

Phone#

What was this person's involvement with the incident?

His/her location at the time of the incident?

Describe in detail exactly what he/she said

A large rectangular input field with a border. In the top right corner, there are four small square buttons with black symbols: a left arrow, a right arrow, an up arrow, and a down arrow. In the bottom right corner, there is a single small square button with a downward arrow.

FIG. 16M



38/41

Describe any conversation this Witness had with the Complainant

IX. EMPLOYEE INCIDENT

Department

Title

Supervisor

Type of incident: Injury Vehicle Property Damage

Type of injury

三



1 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

39/41

Terrace Security Corporation
Secured Reporting Console

Please enter your UserID and password to continue:

UserID 1720
Password 1730
Continue 1740

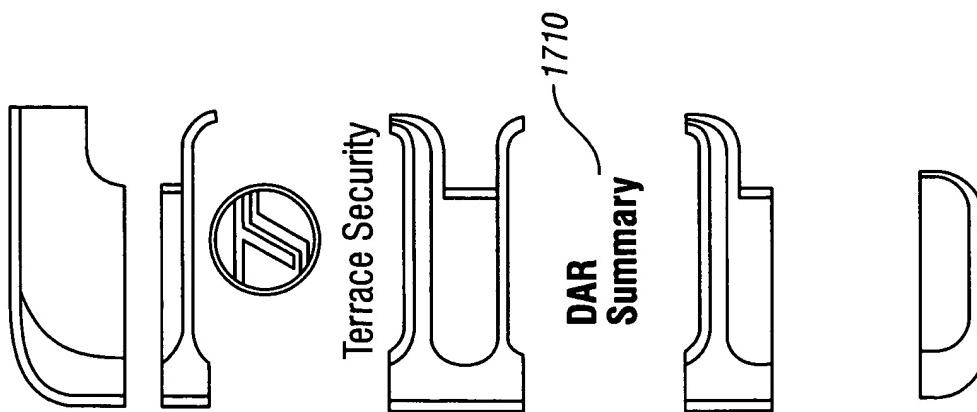
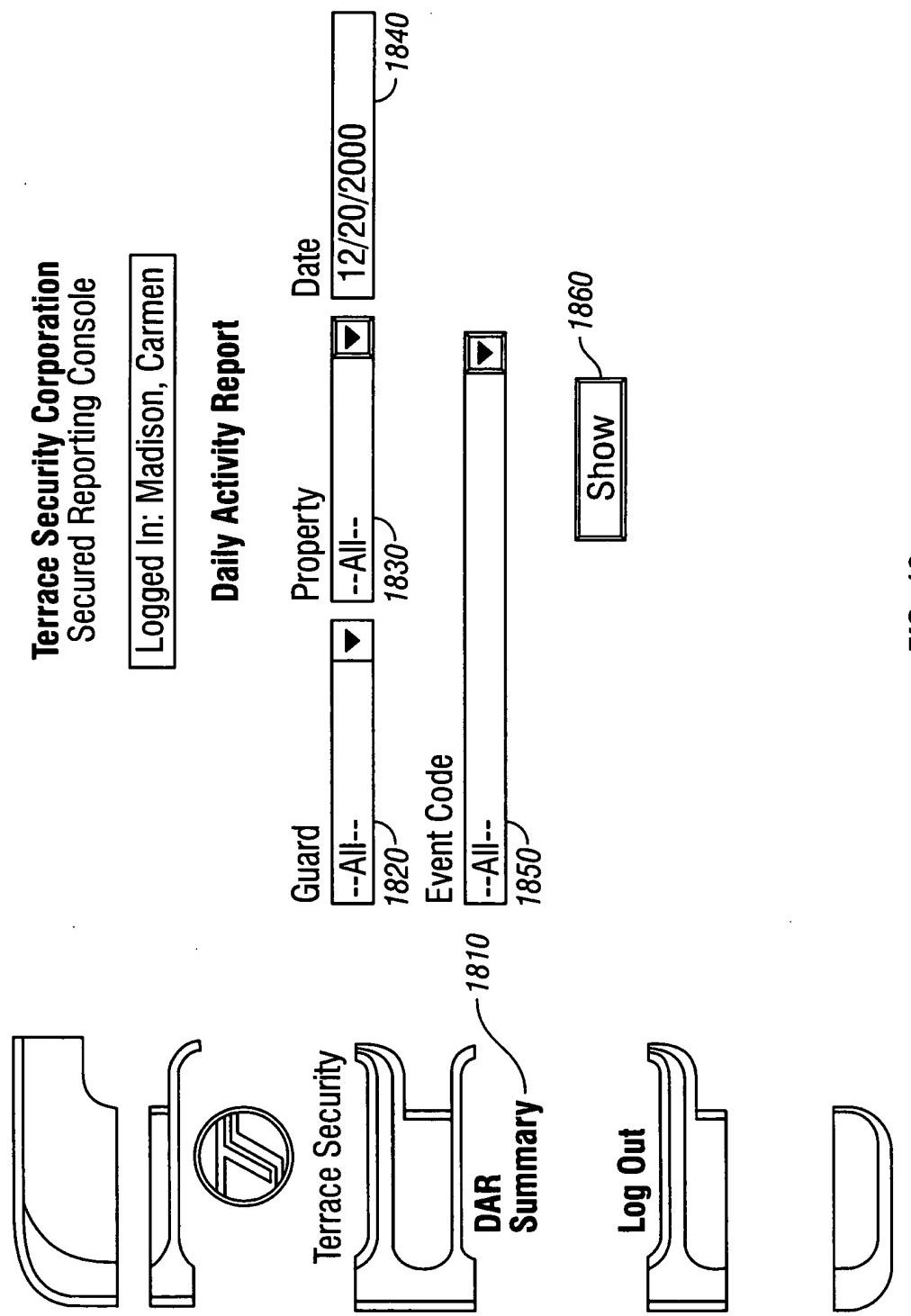


FIG. 17



12 09 00 21 25 27 03 27 10 14 09 09 22

40/41





41/41

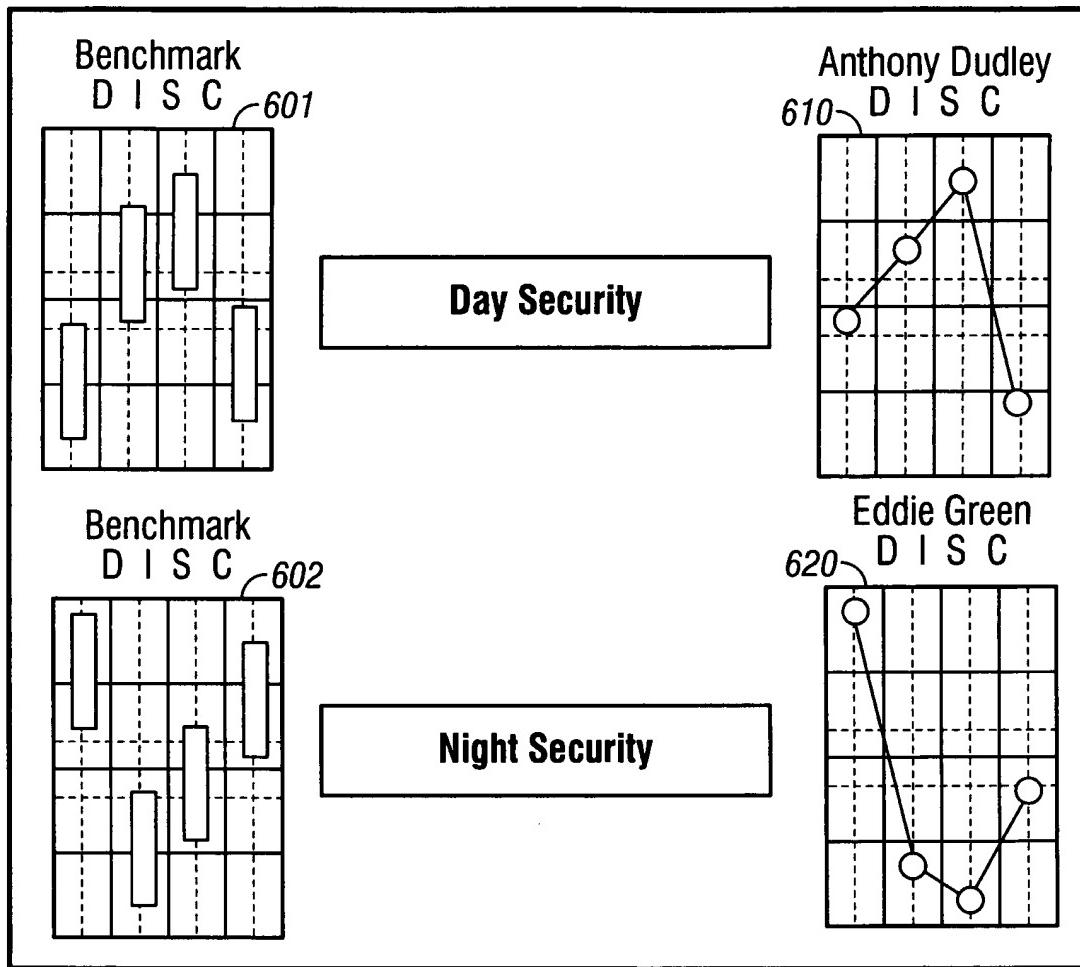


FIG. 19